

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10685239

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51							
2		1					52							
3		1					53							
4	1						54							
5		2					55							
6		2					56							
7		2					57							
8		2					58							
9		2					59							
10		2					60							
11		1					61							
12		1					62							
13	1						63							
14							64							
15							65							
16							66							
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18							68							
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40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2						TOTAL IND.							
TOTAL DEP.	18						TOTAL DEP.							
TOTAL CLAIMS	19						TOTAL CLAIMS							